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GOVERNMENT  
Publications

(THE SENATE OF CANADA)

PROCEEDINGS

OF THE

STANDING COMMITTEE

ON

PUBLIC HEALTH AND INSPECTION OF FOODS

ON

BILL D, AN ACT TO MAKE VENEREAL DISEASE  
AN IMPEDIMENT TO MARRIAGE

Honourable HENRI S. BÉLAND, M.D., P.C.  
Chairman

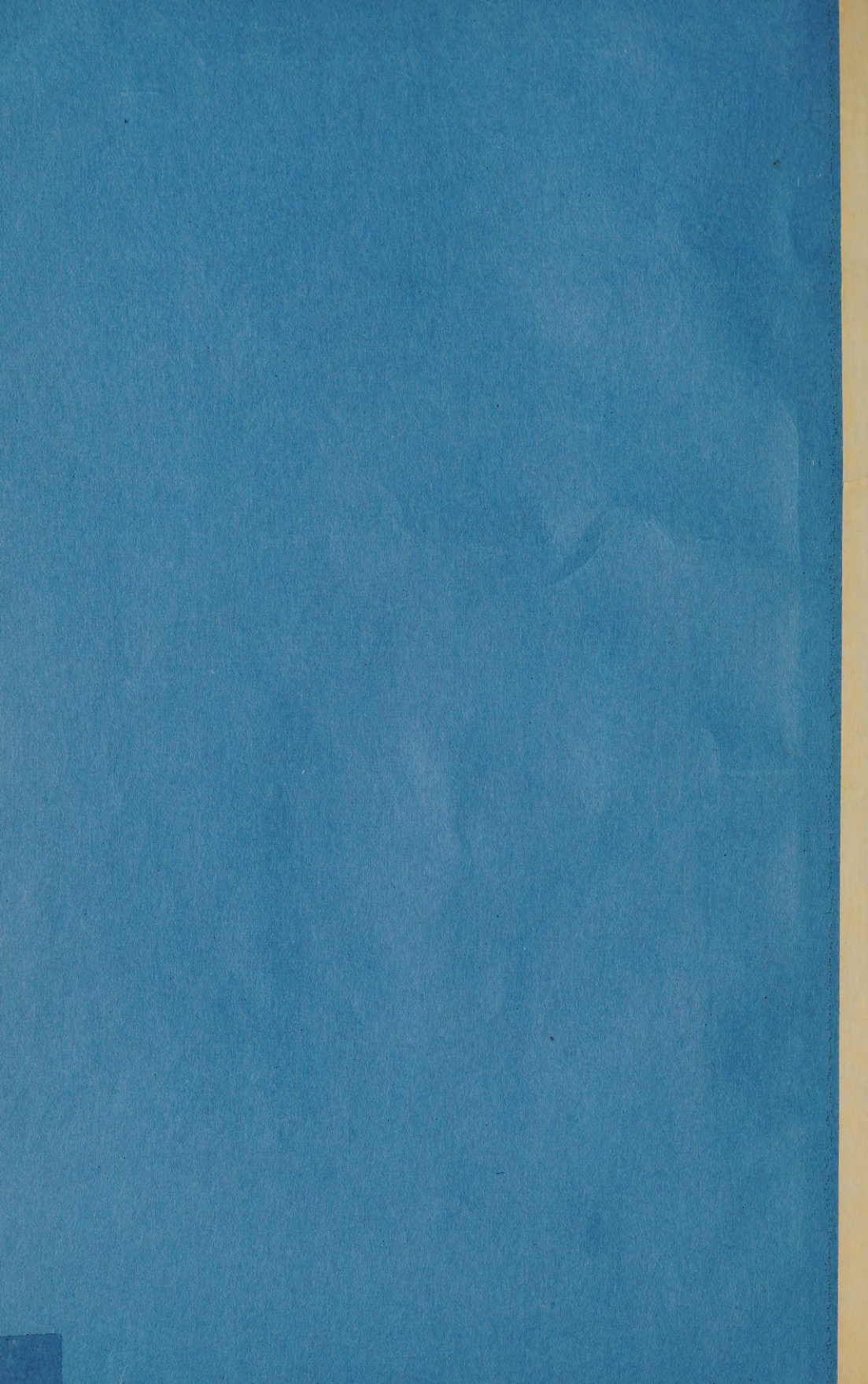
Witnesses:

- Gordon Bates, General Secretary, Canadian Social Hygiene Council, Toronto.
- C. M. Hincks, Medical Director, Canadian National Committee for Mental Hygiene, Toronto.
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OTTAWA  
F. A. ACLAND  
PRINTER TO THE KING'S MOST EXCELLENT MAJESTY  
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## THE STANDING COMMITTEE OF THE SENATE ON PUBLIC HEALTH AND INSPECTION OF FOODS

### MEMBERS

The Hon. HENRI S. BÉLAND, M.D., P.C., Chairman.

The Hon. T. J. BOURQUE, M.D.

The Hon. J. W. DANIEL, M.D.

The Hon. G. LACASSE, M.D.

The Hon. J. P. MOLLOY, V.S.

The Hon. J. D. REID, M.D., P.C.

The Hon. D. E. RILEY.

The Hon. F. L. SCHAFFNER, M.D.

The Hon. J. M. WILSON.

### ORDER OF REFERENCE

EXTRACT from the *Minutes of Proceedings of the Senate of Canada*,  
May 13, 1928.

"Pursuant to the Order of the Day, the Bill (D) intituled 'An Act to make Venereal Disease an impediment to marriage,' was read the second time, and—

"Referred to the Standing Committee on Public Health and Inspection of Foods."



BILL AS INTRODUCED IN THE SENATE  
BY THE HONOURABLE E. L. GIRROIR

2ND SESSION, 16TH PARLIAMENT, 18 GEORGE V, 1928

THE SENATE OF CANADA

BILL D

An Act to make Venereal Disease an Impediment to Marriage

HIS MAJESTY, by and with the advice and consent of the Senate and House of Commons of Canada, enacts as follows:—

1. This Act may be cited as *The Marriage Protection (Venereal Disease) Act, 1928*. Short title.

2. No person shall be legally capable to contract marriage in Canada, who has venereal disease or is otherwise, because of venereal disease, mentally or physically unfit to be married. Incapacity to marry in certain cases.

3. (1) The certificate of a lawfully qualified medical practitioner residing and practising in Canada shall be *prima facie* proof that a person has not venereal disease and is not otherwise, because of venereal disease, mentally or physically unfit to be married. Proof of capacity.

(2) Every such certificate shall bear date not more than ten days next before the date upon which it is intended that the marriage shall be solemnized and shall be in the form set forth in Schedule A to this Act. Form.

SCHEDULE A

CERTIFICATE OF MEDICAL PRACTITIONER

*The Marriage Protection (Venereal Disease) Act, 1928*

I (*names in full of medical practitioner*), of (*place of residence*), in the county of....., in the (*province of or as the case may be*)....., in the Dominion of Canada, hereby certify—

(1) That I am duly qualified under the law of the said province to practise medicine therein and I reside and practise at..... aforesaid;

(2) That I have within ten days next before the date of this certificate examined the mental and physical condition of (*names in full of person examined*), of (*place of residence of person examined*), in the said province, (*occupation of person examined*);

(3) That as the result of such examination I am of opinion that, at the date of this certificate, the said (*names in full of person examined*) has no venereal disease, and is not otherwise, because of any venereal disease, mentally or physically unfit to be married.

Dated at.....aforesaid, this.....day of ..... A.D. 19 ..

(*Signature of medical practitioner.*)

## REPORT OF COMMITTEE

THE SENATE, CANADA

THURSDAY, June 7, 1928.

The Standing Committee on Public Health and Inspection of Foods, beg leave to make their Fourth Report, as follows:—

In obedience to the Order of Reference of the 13th March, 1928, the Committee have considered the Bill (D), intituled "An Act to make Venereal Disease an Impediment to Marriage."

At the request of the Committee the following members of the medical profession appeared before the Committee, namely:—

- Dr. Gordon Bates, General Secretary, Canadian Social Hygiene Council, Toronto,
- Dr. C. M. Hincks, Medical Director, Canadian National Committee for Mental Hygiene, Toronto,
- Dr. F. N. G. Starr, President, Canadian Medical Association, Toronto.

From the evidence adduced the Committee are convinced that before legislation of this character can be effectively enforced public opinion must be in favour of it, and of this the Committee have not sufficient evidence. The Committee is of opinion that in this regard the co-operation of the medical profession is essential.

The Committee are satisfied that to successfully combat the spread of venereal and other diseases legislation along the lines proposed by the Bill is required, but the Committee are inclined to the view that the including of females in the proposed medical examination is perhaps premature and would create an antagonistic attitude on the part of the public.

With a view to securing further and fuller information on the whole question the Committee recommend that copies of the Bill and the Committee's proceedings be furnished to the Canadian Medical Association and others for an expression of their views, and pending receipt of such additional information the Bill be not further proceeded with.

All which is respectfully submitted.

HENRI S. BÉLAND,

*Chairman.*



## MINUTES OF EVIDENCE

WEDNESDAY, May 9, 1928.

The Standing Committee on Public Health and Inspection of Foods, to whom was referred the Bill "D" intituled "An Act to make Venereal Disease an Impediment to Marriage," met this day at 10.30 a.m.

### PRESENT:

The Hon. Mr. Béland, Chairman.

The Hon. Messieurs Bourque, Daniel, Lacasse, Riley and Schaffner.

Doctor GORDON BATES, General Secretary of the Canadian Social Hygiene Council, Toronto, Ontario, was called and testified as follows:—

#### *By the Chairman:*

Q. Will you give the Committee the particular position you occupy at the present time?—A. General Secretary of the Canadian Social Hygiene Council.

Q. With headquarters at Toronto?—A. Yes, also director of the Venereal Disease Clinic at the General Hospital, Toronto.

#### *By Hon. Mr. Daniel:*

Q. Are you conversant with the different Provincial legislations in regard to this matter, in matters similar to the one treated in this bill?—A. That is, Canadian legislation?

Q. Yes?—A. I know something about it; I cannot say that I am very familiar with it.

Q. Do you know of any Province that has some legislation dealing with the production of a certificate before marriage?—A. No.

Q. Have you any idea of what the Alberta Statute is in this connection?—A. No, I think Dr. Hincks will know more about that than I do.

Q. With regard to the United States, have you any information you can supply the Committee in this connection?—A. I have the summary supplied by the American Social Hygiene Association of the legislation in about 20 states; shall I give you that?

Q. Have you the names of the United States?—A. Yes.

Q. Just enumerate them?—A. Well, there are different types of legislation.

Q. Yes, but just enumerate the different States.—A. There is Alabama, Louisiana, North Carolina, North Dakota, Oregon, Wisconsin, Wyoming, Maine, New Mexico, Virginia, Washington, New York, Pennsylvania, Indiana, Michigan, New Hampshire, New Jersey, Oklahoma, Vermont and Utah. These different States enumerated have legislation of one type or another. The legislation differs in each State.

Q. In regard to marriage, or venereal disease?—A. Both.

Q. With regard to venereal disease, as affecting marriages?—A. Yes.

*By the Chairman:*

Q. The question of marriage is mentioned in all these different legislations? I ask the question because I see there is a Statute in Alberta which deals only with inmates who are about to be released from their interments, and that has nothing to do with marriage at all, although it requires an examination, and a certain certificate or certain operation, as the case may be.

We are particularly interested in learning what legislation there is in the United States that is in force, and is similar or in some regards similar to the one we have in this Bill under consideration now, and which has to do with marriage. Perhaps you can give us information on that.—A. Mr. Chairman, I have chosen to summarize, and to prepare a brief description of the type of legislation in each of the States enumerated; would you like to have that?

Q. Yes, give us that.—A. The following States require pre-nuptial medical certificates from male applicants for marriage license, only—Alabama, Louisiana, North Carolina, North Dakota, Oregon, Wisconsin, and Wyoming.

Q. Yes.—A. The State of Maine requires this medical certificate, with special reference to syphilis.

*By Hon. Mr. Schaffner:*

Q. That is required from males, only?—A. Yes, I think so. The State of New Mexico requires pre-nuptial medical certificates from both applicants for a marriage license. The States of Virginia and Washington require a sworn statement from male applicants for marriage license. The States of New York and Pennsylvania require a sworn statement showing freedom from venereal disease by both applicants for marriage license. The States of New York and Pennsylvania have a law which makes persons who are knowingly infected with venereal disease, tuberculosis or in the case of the latter State, any transmissible disease, and making false statements relative thereto, to be guilty of a felony. The States of Indiana, Michigan, New Hampshire, New Jersey, Oklahoma and Vermont have a law which makes any person knowingly infected with venereal disease and marrying, guilty of a misdemeanor. The State of Utah makes void the marriage between persons afflicted with venereal disease.

*By Hon. Mr. Daniel:*

Q. What is that? It voids marriages after they have been contracted?—A. Yes.

Q. If a man or woman contracts syphilis after he or she is married, the law will divorce them?

Hon. Mr. SCHAFFNER: I do not understand it that way.

The WITNESS: No, I do not understand it that way.

*By the Chairman:*

Q. It must be established that the disease existed at the time of marriage?—A. Yes, that is it.

*By Hon. Mr. Daniel:*

Q. It only acts before marriage, then, does it? If they were syphilitic before they were married the law separates them?—A. That is it, yes.

Q. But not after?—A. No.

*By Hon. Mr. Bourque:*

Q. Do you know if these laws in the different States are really endorsed; are they in the Statute books?—A. I have a statement from the American Social Hygiene Association, who have made an analysis of the whole situa-



tion. They state a study made of the administration of the Wisconsin eugenic marriage law by Mr. Fred Hall, of the Russell Sage Foundation, shows that the benefit derived from this type of legislation is mainly educational.

In addition to that I have some letters from certain State Commissioners. The State Commissioner for Wisconsin seems to feel that the Legislation in his State is of great value. But he makes certain comments—he says the legislation should be Federal, rather than State, because the law can be avoided by a person going outside of the State to be married. He is not certain that is happening, but he thinks it is. He also says there is now a strong tendency at the sessions of the Legislature of Wisconsin to make the law applicable to both sexes. It is now only applicable to one—the male. He also comments that one weakness of the legislation is that they do not pay the medical man enough.

Hon. Mr. RILEY: The State pays the medical man, and the fee is limited to \$2?

The WITNESS: Yes.

Dr. C. M. HINCKS: The public pays it, but the State announces that that is the required sum. I think that is the fact, sir.

*By Hon. Mr. Daniel:*

Q. And what is that doctor supposed to do for his two dollars? Is he simply to sit down and write out a prescription, so to speak, or is he expected to give a regular examination of the applicant?—A. He is expected to give a regular examination to the applicant, and the profession has to carry out certain tests—provision is made to carry out the tests by the State, free of charge.

Q. And that is done on the application of the doctor, is it?—A. Those tests are done, yes.

Q. The doctor takes blood from the patient, sends it to the State bacteriologist, and an examination is made?—A. Yes.

Q. Doctor, this Bill says this: "The certificate of a lawfully qualified medical practitioner, residing and practising in Canada shall be prima facie proof that a person has not venereal disease and is not otherwise, because of venereal disease, mentally or physically unfit to be married. (2) Every such certificate shall bear date not more than ten days next before the date upon which it is intended that the marriage shall be solemnized." And it also says that "No person shall be legally capable to contract marriage in Canada, who has venereal disease or is otherwise because of venereal disease, mentally or physically unfit to be married."

Doctor, I would like to have your opinion as to the practicability of this proposed legislation. What do you think about it, as to the practicability of this thing being done by order of law, to make the applicants for marriage appear before a medical practitioner and get his consent to the marriage? What do you think, and what is your opinion as to the practicability of this, in so far as marriage in Canada is concerned?—A. I would say that from the technical point of view there is nothing in this that is not practical. I mean to say that the thing can be carried out by any physician.

Q. You say it cannot?—A. No, it can be, I say.

Q. It can be?—A. Yes, but there may be other considerations which might make the provision difficult to attain.

Q. Yes?—A. For instance, if public opinion were not behind it there might be difficulty.

Q. You say that any doctor can carry it out. Would you imagine or suppose that the certificate of a doctor that a person is non-venereal would be of any value unless there was a blood examination made?—A. No.

Q. Then, in your opinion, in every case there would require to be a blood examination made of all applicants, both male and female?—A. Yes, quite so.

Q. You know the conditions of doctors all through the various provinces, and you know it is only in urban centres that it is possible to get a blood examination?—A. Well, no, not exactly. The various provinces now have laboratories, and blood can be sent to those laboratories.

Q. Yes, it has to be sent?—A. Yes.

Q. It is not available, by the ordinary physician?—A. No, not as quickly, perhaps, but still it can be sent by mail; it is done, regularly.

Q. But he cannot do it, himself?—A. No.

Q. So that an ordinary physician is not in a position to give a medical certificate?—A. Well, as a matter of fact, even in the urban centres, the physician does not do this blood examination himself. It is always done at a laboratory.

Q. But it is only in urban centres where facilities exist for doing it?—A. Yes.

Q. What we have to judge is as to the practicability of this law. Do you think it is practicable?—A. Yes, from the technical point of view—yes. But from the public point of view it is another matter.

Q. What do you think about the public point of view?—A. The Social Hygiene Council, which has undertaken educational work in connection with venereal disease for some years past has discussed this matter upon many occasions, more occasions than one. They have placed themselves on record as endorsing the principle of a medical examination before marriage. There is a feeling, however, that it will be easier to achieve the end which we desire if such medical examination is made to cover more than venereal disease.

Q. Yes, doctor, I was going to ask about that. Such as what?—A. Well, for example tuberculosis, mental deficiency or insanity.

Q. Take tuberculosis, for example: Would you advise that anyone who has a suspicion of tuberculosis in any organ of the body should be refused a marriage license?—A. No, I would not go that far.

Q. Well, where are you going to draw the line?

*By Hon. Mr. Bourque:*

Q. Yes, where do you draw the line?—A. I would say that you would have to decide that certain things would be an absolute bar.

*By Hon. Mr. Daniel:*

Q. You could not include tuberculosis, then?—A. I would not say that. I am not a tuberculosis expert, but I would say that a case of open tuberculosis might be considered to be a bar.

Q. When it is so bad that anybody can see it?—A. Yes.

Q. But you know, in a great many cases of tuberculosis it would appear to be latent, and often very difficult even for a specialist to discover?—A. Yes.

Q. Would you think that in a case such as that he or she should be debarred from being married?—A. I do not know; I would like to have Dr. Hincks' to back me up in that; I would not be so certain.

Q. Well, that is doubtful. Outside of tuberculosis, then, the disease you would like to include in a Bill such as this, would be mental deficiency?—A. Yes, I would say mental deficiency and insanity. My friend Dr. Hincks will have more to say about it than I have, but I would say that mental deficiency, insanity and syphilis would be definite bars.

Q. Insanity—you might include mental deficiency in that?—A. They are two different things.



*By Hon. Mr. Bourque:*

Q. The whole question, summing it up, to a large extent is really in its infancy, so far as Canada is concerned?—A. Yes.

Q. It is important to study it, and look it up, but I can see that it requires a lot more study and more consideration yet. It requires, especially, a lot of instruction to the public in many ways.—A. And there are other matters which would arise—I am not speaking of the infectious type—but supposing a man has a serious heart disease that will likely result in death, it would not be classed as infectious, but I would say it would be very unwise for him to marry, and he ought to know it.

Q. He perhaps would not do it, if he knew what was the matter with him.—A. Yes, that is the point. Recently the Canadian Medical Association has completed a form which is being distributed by the Dominion Department of Health, having to do with a complete physical examination of the apparently well, as part of the so-called periodic health-examination scheme.

Q. Before marriage?—A. No, not necessarily before marriage—at any time. But it struck me that the use of a form such as that might be of value in connection with a plan of this kind.

Hon. Mr. DANIEL: You may as well kill a man as scare him to death. Lots of people who are apparently healthy go to get a life insurance policy and find that they have some trouble or lesion, and they are frightened to death ever afterwards.

*Hon. Mr. Schaffner:*

Q. I presume you came here with certain procedure before you. Our time will be limited, no doubt, and we have two gentlemen to hear. It seems to me if you have that certain procedure it would be well to give us what you have, and questions would follow. I do not know whether you have prepared any or not.—A. I have these statements already given you, as to the legislation of the different states of the Union. I have also a good deal of material here as to the results of syphilis in marriage, if that is valuable.

Q. I do not think we require that, so much. What I would like to know is how successful the States have been in enforcing this law. That is what we want, I think.

Hon. Mr. DANIEL: Yes.

*By Hon. Mr. Bourque:*

Q. My opinion is that from what you have been able to observe, that most of these States do not enforce these laws very strictly: is that about right?—A. That appears to be the truth, from letters I have received from State officials. The most interesting of those is one from Wisconsin. The State Commissioner there says: "The success of this depends largely on the degree of thoroughness on the part of the medical profession. This measure has very great educational value, and I believe it is safe to say it meets to a certain extent a condition for which there has been and is a great need."

Q. What is that?—A. It says "I believe it is safe to say it meets to a certain extent a condition for which there has been and is a great need."

*By Hon. Mr. Daniel:*

Q. Is there any penalty in these different States in regard to the persons who disobey these things—in regard to persons who get married without a certificate?—A. Yes, there are penalties.

Q. What are they?

*By the Chairman:*

Q. I suppose penalties are provided in every Statute?—A. Yes.

Q. They may vary.—A. I have not made an analysis of them, but there are penalties in these various Acts, as I have them here.

*By Hon. Mr. Daniel:*

Q. You have not got them?—A. I have one here. It is "Any county clerk who shall unlawfully issue a license to marry to any person who fails to present and file the certificate provided by subsection (1) of this section, or any party or parties having knowledge of any matter relating or pertaining to the examination of any applicant for license to marry, who shall disclose the same, or any portion thereof, except as may be required by law, shall upon proof thereof be punished by a fine of not more than one hundred dollars, or by imprisonment not more than six months".

This penalty is on the County Court Clerk who issues the license without the certificate. And there is another provision which penalizes the physician who makes a false statement.

Q. Yes. In order to have that complete one would have to have what the marriage law of the State is, or how persons are empowered to get married, and who are empowered to perform the ceremony. Have you that?—A. No, I have not that information.

Q. Because otherwise it would be impossible to say whether you could penalize the parties who were getting married or only those who were responsible for performing the ceremony.

Hon. Mr. RILEY: Evidently it is the person who issues the marriage license, in this particular case.

*By the Chairman:*

Q. In most cases it applies only to males?—A. Yes.

Q. In the United States?—A. Yes, a very large proportion—some, of course, apply to both.

Q. Now, Doctor, I wish to ask this question—and it is no reflection upon the medical profession—but, do you think that every Doctor in any remote district is in a position to secure the proper sample of blood to send to the central laboratory for examination?—A. I cannot see why he could not. He might have to be provided with material and instructed, but it can be done, all right.

Q. Do you think that a medical practitioner, who has been engaged in the exercise of his profession for 25 or 30 years, and who attended at the birth of a boy, and who watches him grow throughout the years, for 20 years,—do you think it is practical to issue a certificate to this man to the effect that he is free from venereal disease, without the examination of the blood? Do you think he could do that, and it would be a safe certificate?—A. I do not think any certificate of that sort should be issued. It should not be a blanket certificate. He should certify that he had taken a sample of the blood and that he had a report from the Provincial laboratory to the effect that it was clear.

Q. Is there such a case as a syphilitic person existing whose blood would not show at the examination in the laboratory the presence of syphilitic germs?—A. That will happen, occasionally.

Q. In the early stages, or at what stage?—A. Well, in the very early stages, and in the very late stage. The most serious point in syphilis is the middle period. It may be serious for a good many years, but the most serious period is the middle period.

Q. What is, in this regard, the situation of those congenital cases; would the blood examination reveal the presence of this—what is it?—A. The positive Wasserman?



Q. Yes?—A. I would say the Wasserman reaction is positive in a very large proportion of congenital cases.

Q. And what is your opinion of a sworn declaration by an aspirant of marriage, a male aspirant, without regard to it?—A. I do not think it would be any good. The reason I say that is that in my experience a large proportion of syphilitics have either no symptoms or very slight symptoms for years, and they may quite reasonably be expected to be unaware of their trouble. In a great many hospitals we are doing routine blood examinations, and I would say in 35 per cent of the cases of syphilis detected in this way the man is unaware of the fact he has the disease—a good 35 per cent.

Q. Unaware that they have it?—A. They may be unaware that they ever have had it. That is not commonly known, but it is true.

Q. Take the case of 100 young men at 25 years of age, all of them syphilitic. What proportion of that 100 young men would have contracted syphilis through sexual intercourse?

Hon. Mr. DANIEL: What is that? Did you ask what proportion of the 100 contracted syphilis through sexual intercourse?

*By the Chairman:*

Q. Yes?—A. That is a rather difficult question to answer, but I would say tentatively 90 per cent.

Q. 90 per cent?—A. Yes.

Q. In your experience, Doctor, is there any substantial proportion of the other cases that are not contracted through sexual intercourse, being the result of professional duties in the medical profession?—A. Yes, there are some. Before the War the late Dr. Strathy and I were working together, and we had been consulted by 26 physicians at that time who had contracted syphilis—innocent syphilis—from the pursuit of their profession.

Q. Outside of that, the spreading of syphilis is due to kissing, or using articles that have been used by others?—A. Yes, I have seen it from kissing, by using someone else's pipe, or from a cup.

Q. Would that be five per cent of the outside cases?—A. No more than that.

Q. Perhaps less than that?—A. Yes, perhaps less than that.

*By Hon. Mr. Bourque:*

Q. It comes out by sore spots?—A. Yes, as a rule it does.

*By Hon. Mr. Daniel:*

Q. The contracting of syphilis by kissing, could that happen, unless there was some lesion in the mouth or lips or tongue, some open sore?—A. No, a lesion may be very slight. A thing which struck me about syphilis has been the number of cases in which there is no history of a primary sore. I would imagine there has been a sore, but it has been so slight that it has not been noticed.

Q. A primary sore?—A. Yes.

*By the Chairman:*

Q. You are more conversant with public opinion in Ontario than you would be, perhaps, with the Province of Quebec. How would such legislation be received by the public of Ontario? I know that is a big question but you are in a position to let us know more perhaps, than any man, because you have been in contact with the population of Ontario in the performance of your own duties.—A. I believe that carefully designed legislation would be supported by the public. It would have to be carefully arranged.

Hon. Mr. DANIEL: That is what we want to find out,—Just how careful we have to be.

*By the chairman:*

Q. Have you read Dr. Desloges' letter to Senator Girroir?—A. Senator Girroir tells me that Dr. Desloges agrees with me that the examination should be of a general character—infected, more than venereal diseases.

Dr. Desloges is not here, but in a letter which he addressed to Senator Girroir, the promoter of the bill, on the 30th of April last he said, "May I take the liberty to suggest that the following words, appearing in clause 2, incapacity to marry in certain cases: Because of Venereal Disease, should be omitted. The clause would then refer to all those who are suffering with venereal disease, and who are mentally or physically unfit to procreate." Do you agree with Dr. Desloges' opinion?—A. That is reasonable, I think.

Hon. Mr. DANIEL: Read the clause of the Bill, as it would then appear, and Dr. Bates would understand it.

The CHAIRMAN: He refers to clause 2, which reads as follows: "No person shall be legally capable to contract marriage in Canada, who has venereal disease,"—and Dr. Desloges says, in his letter, that he would omit those words. He would strike them out. Then the clause would refer to all those who are suffering with venereal disease, and who are mentally or physically unfit to procreate. He does not appear to give us any concrete form for the clause. He gives his reason in a long paragraph I do not wish to read at this time; you may read it for yourselves.

The WITNESS: Does he say "and who are mentally or physically unfit to procreate," or does he use the word "or"?

Hon. Mr. DANIEL: I think he means that no person shall be legally able to contract marriage in Canada who is mentally or physically unfit to be married; I imagine he meant to say that. I presume he thinks venereal disease would be one of those things which would make him unfit, but it seems to me I cannot agree with him, that it would strengthen it—I think it would weaken it. As far as venereal disease is concerned it certainly would weaken it.

The CHAIRMAN: Of course we all regret Dr. Desloges is not here. He will not be able to come here; he is sailing to-day. But he says here, "A diagnosis cannot always be ascertained in cases of syphilis and especially in cases of hereditary syphilis, idiocy, imbecility, feeble-mindedness, epilepsy, etc., because in these latter cases the syphilitic origin cannot always be proven by the laboratory findings. In cases of hereditary syphilis the laboratory findings are not satisfactory, it often happens that the reaction is negative although the patient is a syphilitic." And he goes on to say that this is a question discussed by the whole medical world, and upon which scientists do not all agree. He says, however, "When after a careful medical examination, corroborated by laboratory findings, a diagnosis of syphilis has been made, all the physicians of the world are unanimous to forbid marriage."

The WITNESS: Yes, quite so.

The CHAIRMAN: "But it is not in all cases that the spirochaeta is in activity, and it happens quite often that a syphilitic presents no physical symptoms nor positive laboratory reaction."

*Hon. Mr. Schaffner:*

Q. Does he mean there that the only cases that might give a negative are those that are hereditary; does he mean that?

The CHAIRMAN: No, I do not think so.



Hon. Mr. SCHAFFNER: But he refers to that.

The CHAIRMAN: Yes, in particular.

*By Hon. Mr. Schaffner:*

Q. I suppose there are other cases which are not hereditary?—A. Yes, that happens sometimes. But as a rule they are not acutely infected cases. An acutely infected case gives a positive, nearly always.

Q. They last many years, do they not?—A. Yes, many years.

*By Hon. Mr. Daniel:*

Q. As I read this bill I would judge that if it became law every couple who wished to get married would, of necessity, have to go to a doctor and be examined, and have their blood examined, because otherwise the doctor would be unable to certify that the patient or person was clear of the germ of venereal disease. Do you agree with that meaning of it?—A. Yes, I think so, yes.

Q. That is all I can make out of it. It would compel everybody, man and woman, to go and get a certificate to show freedom from venereal disease, and the only certificate that would really be of any value would include a blood examination?—A. There is another thing, also, Mr. Chairman, which has not been discussed, and that is that there is another disease—gonorrhoea.

*By the Chairman:*

Q. Yes, I was going to refer to that.—A. It seems to me there is need of the people learning that it is a serious factor in bringing about blindness.

*By Mr. Daniel:*

Q. What would be your opinion as to the effect of the passage of such a law on public opinion in Canada, when the people understood that thereby every man and woman would have to undergo a blood examination for syphilis. How is a doctor going to tell whether a man or woman has gonorrhoea without a physical examination?—A. He cannot tell.

Q. Cannot be done?—A. No.

Q. So that that would mean if this Act or Bill becomes law every man and woman would have to submit to a personal examination for gonorrhoea, and a blood examination for syphilis?—A. Yes, I would think so.

Q. That is what it means?—A. Yes.

Q. I think that would be a pretty difficult proposition.

Hon. Mr. RILEY: And a very unpopular law.

The CHAIRMAN: It requires complete physical examination of the party by a Doctor, besides the securing of a sample of blood. And if it applied to both male and female it would be a good deal harder to deal with. One can just imagine what the situation would be.

The WITNESS: The only difficulty I see is the matter of public opinion. Theoretically there is no question that if a procedure of this sort should be carried out it would solve many very, very serious problems that are existing.

*By the Chairman:*

Q. I think we all share your view in this regard—theoretically speaking there cannot be any very serious objection to it.—A. Similar bills have been brought up in the Ontario Legislature on several occasions. As a matter of fact, one bill got as far as the second reading.

*By Hon. Mr. Schaffner:*

Q. But what happened to it then?—A. They were afraid of public opinion.

*By Hon. Mr. Lacasse:*

Q. You mentioned that application of that law would be quite hard in regard to distances from central centres; I thought that was quite a plausible argument.

By the CHAIRMAN: Before you came in the question was talked about, and Dr. Bates' opinion was secured in this regard. He thought that physicians would be in a position to secure a sample and send it to laboratories rather easily. The distance could not be very great from any one part of the Province to a large centre equipped with a laboratory. It could be reached within a day or so, at least.

The WITNESS: No, that is not a real difficulty at all. The time that is required for the examination of blood is not very long.

Hon. Mr. LACASSE: It takes about a week, backwards and forwards.

The CHAIRMAN: Of course, it is a matter with which Dr. Bates is not concerned, as to whether some centres are provided with medical man, and may be a distance of 10 or 15 miles from a physician which makes it all the more difficult for a young man to secure a certificate. But that is a matter that is up to the Committee to discuss between themselves. Dr. Bates is here in his official professional capacity, and in a medical capacity only. Any other questions, gentlemen?

*By Hon. Mr. Daniel:*

Q. I would like to ask Dr. Bates, in consideration of venereal disease, are there any other expressions of physical disability you would like to have included in this bill in a way you think would improve it? That is, do you think it would be better to add mental deficiency, for instance, and things of that nature?—A. I think all things that are a bar to marriage, from a scientific point of view, should be included. And in addition to that we felt that specializing, so to speak, on venereal disease would make the people feel that we were suggesting that they had been guilty of immoral conduct, and that might interfere with the operation of the Act.

*By the Chairman:*

Q. Is it possible to frame the Bill without using the words "venereal disease"?—A. No, I think it should be included.

Q. What Dr. Desloges had in view was to allow the man who was refused a certificate a way of getting away from the accusation that he has syphilis, because it might be some other physical or mental incapacity. He suggests that the words "because of venereal disease" should be stricken out, and it would leave a certain margin for a man who is refused a certificate to invoke that it is not syphilis.—A. A certain amount of propaganda has been waged in connection with venereal disease, and I notice that it is not an unusual thing for people who are thinking of getting married—I have examined a great many of them myself—to have an examination made. In the last five or six years that spirit has been noticeable.

*By Hon. Mr. Lacasse:*

Q. Some statements have been received from the United States, but they speak only of males. According to your statistics what is the percentage of males affected with the disease—is it larger than the percentage of females—syphilitics?—A. Yes, I think so. Later the situation changes, because wives are infected by their husbands.

The CHAIRMAN: There is no question that there are more males affected at the time of marriage than females. Any other questions, gentlemen?



*By Hon. Mr. Lacasse:*

Q. I suppose the war had something to do with it, to some extent?—A. Yes, to some extent.

*By the Chairman:*

Q. The war increased, enormously, the number of venereal diseases, did it not?—A. I would say if it had not been for the action taken by the Dominion Government in developing a venereal disease control scheme we would have been in very serious shape.

*By Hon. Mr. Daniel:*

Q. In regard to treatment: Do you find in patients applying for treatment of venereal disease that there is a great fear of the procedure?—A. Generally speaking, no. There is only one procedure we have difficulty with. In the General Hospital, I try to get a Lumbar puncture, they are afraid of that procedure, but not of any other procedure.

Q. When performing it do you anaesthetize the skin or not?—A. Sometimes, but not always. It is not particularly painful, but it results in headaches afterwards, frequently. That is what causes the trouble. It is not the operation itself that hurts, it is the headache which follows.

Q. The needle is of a small calibre?—A. Yes, a small calibre.

Q. Much larger than a hypodermic subcutaneous?—A. Yes, it is gauge 22, a little larger than the hypodermic.

Q. Do you ever miss the proper place?—A. Yes, sometimes.

*By the Chairman:*

Q. I want only an approximate answer to this question: How many years would elapse after syphilis would be contracted before the party so affected is physically or mentally substantially affected, or substantially impaired, if it is not treated?—A. The farther one gets away from the time of infection, of course, the worse the situation is. I would say within two or three years a man is likely to have some serious trouble. In ten years he is practically certain of it.

*Hon. Mr. Schaffner:*

Q. Do you say that with proper treatment, efficient treatment and continuous treatment, that would be absolutely cured?—A. Yes, particularly early cases. In an early case, before the blood test is positive you can almost rely upon a cure within a year, but if you let it go six weeks or two or three months your job is a good deal more difficult. After a man has had it four or five years perhaps he will never be cured—you could not tell how long it would take.

*By the Chairman:*

Q. You are a specialist in this sort of thing we know; is there any other statement you desire to make before the Members of the Committee upon which questions have not been asked?—A. I think not, Mr. Chairman.

Doctor C. M. Hincks, Medical Director, Canadian National Committee for Mental Hygiene, Toronto, Ontario, was called, and testified as follows:—

*By the Chairman:*

Q. Dr. Hincks, what position do you occupy?—A. Medical director of the Canadian National Committee for Mental Hygiene.

Q. How long have you occupied that position?—A. 10 years; I was Secretary at the start.

Q. Where do you operate?—A. Montreal and Toronto are our two chief offices.

*By Hon. Mr. Daniel:*

Q. Headquarters where?—A. Toronto and Montreal, both places.

Q. Who provides the funds?—A. Partly from the Dominion Government, and partly philanthropic Canadians and corporations, and very largely from the Rockefeller Foundation, and another one of Mr. Rockefeller's Funds.

Q. You have not the amount?—A. Yes, we have been spending approximately \$80,000 to \$90,000 a year for the last few years. The Dominion Government has been giving us \$10,000 a year. We are asking more this year, because we are expecting to increase our appropriation to \$150,000 a year. The Rockefeller Foundations have been giving us approximately \$40,000 a year—a little over half, just because our work was largely, during the last few years, of a research character, and not for the benefit of Canada alone. According to our friends in New York it is of some use to the United States, as well as the other parts of the world.

Q. How many are engaged in this foundation?—A. In our work, do you mean?—

Q. Yes?—A. We have some 26 or 27 workers; they vary.

*By the Chairman:*

Q. What are the activities?—A. Our activities for the first five years were a determination, as far as we could, of the problems of abnormality in Canada, making surveys in all parts of the country, and finding out the numbers of individuals suffering from insanity and mental deficiency and serious nervous conditions, and the way in which we were treating these cases in the country, and what measures if any we had for the prevention of them. And now our work is largely in the preventive field. That is the reason for the research work we are conducting.

*By Hon. Mr. Daniel:*

Q. Have you any definite line between mental deficiency and non-mental deficiency?—A. No, there is no line.

Q. There is no line?—A. There is no line at all. One merges into the other.

Q. You cannot tell a non-mental deficient from a mental deficient?—A. No, there are border line cases which specialists postpone judgment on, but that group does not invalidate our work because we have extreme cases that the ordinary newsboy on the street could diagnose.

Q. The boundary is arbitrary?—A. Yes, arbitrary boundary.

*By the Chairman:*

Q. In your investigation work have you been able to satisfy yourself as to the proportion of mentally deficient in Canada for whom a venereal disease would be responsible?—A. We have not been able to take routine Wasserman tests in the various institutions. Dr. Fernald, when he was alive, at Waverley, Massachusetts, did that in regard to his own cases. The proportion was very much less than he had thought. He only found four per cent at the Waverley institution—that is, of mental defectives, where syphilis was the primary cause. Might I say here that I have information that might possibly be of some interest to you, but is not strictly in connection with the Bill at hand; would that be going too far?



Q. No, go ahead.—A. I would like to say something about the mental side before I finish, because I feel strongly that some legislation should be inaugurated in Canada debarring from marriage certain hereditary types of mental conditions with which we are all familiar. We have such legislation in Ontario and Manitoba, but it is of no value, because medical certificates are not demanded. I would like to say this, that with regard to the Bill under discussion we would get more information by considering results of such legislation in the United States than by perhaps any other means, and particularly in connection with the state of Wisconsin, where they have had a Bill in operation since 1913, and where the Russell Sage Foundation conducted an exhaustive survey in 1925—that is, after the Bill had been in operation from 1913 to 1925—12 years. Mr. Fred. S. Hall was in charge of the survey and attempted to discover if the Bill was any good, whether any results were accruing, in what way the Bill had worked, and where it was at fault. I would think that the members of this Committee, if they have not already done so, could not get better information than can be obtained from this publication of the Russell Sage Foundation,—“Medical Certification for Marriage,” because it contains the opinions of medical men in the state of Wisconsin as to how the legislation is working out—and if anybody should know whether it is working out satisfactorily, it should be the medical men. So if it will not take too much of your time I would like to draw your attention to the chief things in this Wisconsin report. There was only one copy of this book in Toronto, and I had to get it through the University before they would let me have it from the Reference Library. But if you were to write to the Russell Sage Foundation they would send you copies, I am sure.

As has already been stated there is legislation in twenty of the states of the Union, but for the most part that legislation has led to nothing, because of the type of legislation enacted. There are only a few states where they have demanded medical certificates. In those states where they do not demand medical certificates the legislation might just as well not be on the books.

Q. It is a dead letter?—A. Yes, it is a dead letter. It is interesting to see that only one state in the American Union has had sufficient courage to demand medical examination for both men and women—and that is the state of New Mexico.

*By Hon. Mr. Schaffner:*

Q. Only one?—A. Yes. It has been brought up time and again in Wisconsin, where the legislation is working well, and they have not the courage to ask for medical certificates from women, because in certain cases it would necessitate vaginal examination, and public opinion apparently would not stand for that. Although, in that regard, deputations of women have said that they would stand for it—but the men will not. That is a rather interesting situation. The way in which the legislation has worked is this: After the operation of the Act for twelve years the Russell Sage Foundation were able to get in touch with 1,110 physicians of the state. Those men were sufficiently interested to write to the Russell Sage Foundation concerning what they thought of the Bill; such a response is remarkable. It shows the interest on behalf of the medical profession in Wisconsin, because our experience is that you may write to members of the medical profession and you are lucky if you get any answers at all. But in Wisconsin 1,110 considered the questionnaire well worth answering.

Let me outline to you the main features of this Wisconsin law, because my opinion is that Canada would not stand a stronger law than Wisconsin has had for thirteen years; it does not seem to be reasonable that we would. I would like to make this clear, that there would be no chance in the world of getting legislation through in any part of the United States demanding a Wasserman in every case—not a chance in the world.

Q. Demanding what?—A. A Wasserman test. I think you can rule that out of reckoning, because people are not going to have their blood taken away before marriage until there has been a tremendous lot of education. This law in Wisconsin does not demand a Wasserman test and yet they have had such beneficial results from it that it shows in practical affairs it is wise to introduce legislation that is a gesture in the right direction, and then slowly make the legislation more effective when the people are educated and ready for it.

The legislation in Wisconsin is this,—that all men applicants for marriage, within fifteen days prior to their application, must be examined by a licensed physician. No marriage license can be issued unless the certificate is presented stating that the applicant has been so examined, and found free from acquired venereal diseases, as nearly as could be determined by physical examination, and by the application of the recognized clinical and laboratory tests of scientific research. The law as it now stands only requires clinical and laboratory tests when the examining physician believes them to be necessary, and the physician is allowed to charge a fee of \$2. Free laboratory service is provided by the state. You will notice that the legislation does not demand clinical and laboratory tests in every case. As our Chairman said a minute ago, a man seeking a medical certificate from a physician who has known the individual for twenty years and has known the individual to be free from venereal disease, such a physician is probably right in 60 or 70 per cent of cases. No law could cover the whole situation. But if any cases can be prevented by a medical certificate, even without any laboratory tests, that would make a law worth while, and that is the reason that this experience in Wisconsin to my mind is convincing—that legislation in Wisconsin has obtained results without laboratory tests in all cases.

*By Hon. Mr. Daniel:*

Q. Take this case: A Doctor gives a certificate of freedom from venereal disease in any shape or form, and the parties get married. It turns out that the first fruits of that marriage—a little girl or a little boy—has hereditary syphilis. Could those parents come back on the Doctor, and prosecute him for giving what turned out to be a false certificate?—A. There could be no possibility there, because—

*By the Chairman:*

Q. Only the male is examined?—A. He does it 15 days before the application, and could easily put up the plea that the disease was contracted in the 15 days prior to the marriage.

*By Hon. Mr. Daniel:*

Q. But the physician ought to be protected?—A. Yes, he ought to be protected.

Q. Is he?—A. With regard to all these 1,110 physicians that point has never been raised, so that that has never been met with in Wisconsin.

*By the Chairman:*

Q. This has been in force 12 years?—A. Yes.

Q. And no physician has been annoyed in this regard?—A. No, no physician has been annoyed in regard to it. The only matter they have complained about is that the law allows a charge of only \$2 to the patient. Some physicians have stated, however, that they have charged as high as \$10 for an examination which had to be more extensive.



*By Hon. Mr. Schaffner:*

Q. I have read of cases where those who are in need do not have to pay it all,—in cases where they are indigent; they do not have to.—A. They do not have to; the State pays it in Wisconsin, in regard to indigent cases. A rather interesting thing appears in regard to the operation of the Act in Wisconsin: While the State is prepared to give laboratory tests free of charge, the physicians have not taken advantage of it. Although physicians have taken advantage of these free laboratories for cases in their general practice, they have not submitted the applicants for marriage to laboratory tests; the answers received would indicate that. Again it shows that if we were to make it compulsory in Canada to have laboratory tests in all cases there would be an uproar on the part of the Canadian people. We might have such legislation in 20 years time, but it would be necessary to have a milder bill that would be reasonably successful as a fore-runner.

We will go on to see what these physicians in Wisconsin had to say: Of the physicians who expressed themselves in Wisconsin concerning the value of the law——

*By the Chairman:*

Q. Pardon me, but did you say 1,000 Doctors replied?—A. 1,110 doctors gave evidence.

Q. 1,110?—A. Yes. We find of that number that 63·8 per cent were generally favourable and the others unfavourable. That means that after the law had been in operation for 12 years the majority were favourable. Most of the doctors who were unfavourable said they should have more than \$2 for medical examination. 76·4 per cent of all the physicians giving comments stated that they made a careful clinical examination in every case applying for a certificate, although the law did not require it. The law said in those cases where physicians thought it was necessary,—but 76 per cent made examinations as a routine measure with every case. I think that is a splendid tribute to the profession of Wisconsin.

The conclusions at the end of this book I think are of very great interest, because they are written by a man connected with the Russell Sage Foundation who was only looking for facts. But before reading the conclusions I would ask permission to read what the state health officer of Wisconsin thought of the law—am I taking too much time?

The CHAIRMAN: No, no.

The WITNESS: It is something like the matter of sterilization. Theories may be of little value. It is of value however to know what has been done and to know the experience of those who have tried it, and I think the same principle may apply here. This is what Dr. Harper, the state health officer of Wisconsin said:

“I am confident that a large percentage of physicians make quite a thorough physical examination. Undoubtedly there are some who still simply ask a series of questions and rely upon the answers of their patients. This latter class, however, is a small minority. When a physician is discovered who has signed a certificate without an examination, the State Board of Health endeavours to show him the necessity for being more careful. The average physician makes a reasonable local examination, covering the lymphatic glands and throat, and all parts of the body on which there may be or may have been sores resulting from a venereal disease. In practically all cases where an applicant admits a previous infection or where the physicians' examination reveals evidence of infection, laboratory tests are applied. In the main the law has proved of inestimable value.”

I do hope the Senate will be good enough to introduce a bill, if it is only a gesture of legislation along this line, because it is so tremendously needed. And to continue with Dr. Harper's views: "Even in its present imperfect form I am prepared to recommend it for adoption in other states on the ground that a more desirable law would probably be hard to pass at first. It is true that no examination will detect the presence of a venereal disease with certainty, but it is better to detect 85, 90 or 95 per cent of the cases where infection exists than to have no law and detect no cases whatever.

"One of the most valuable results has been the publicity attendant upon the bill's introduction and the later attack upon the constitutionality of the law. An appropriation of \$100,000 for educational propaganda concerning the dangers of infection from venereal diseases could have done no more."

The newspapers were full of it; the medical societies discussed it, and the people for the first time in Wisconsin realized that venereal diseases were a scourge. The educational end, alone, justified in itself the importance of the passage of the law. How does it affect the minds of the people? Dr. Harper states: "Many men have written to the State Board of Health or have called at its office because they wished to be sure that they were in a safe condition to marry. The law has also caused men who were planning to marry, but not in the immediate future, to go to private physicians for examination. Even men who live outside Wisconsin have come to the State Board's office for examination before marriage in their own states, although no laws there required such examinations. The improved condition of the state in recent years in the matter of infection from venereal diseases is in part due to this law. During the war Wisconsin had one of the smallest percentages of venereally diseased men examined for military service."

That information comes from a man in Wisconsin who should know more than anybody else concerning the operation of the law, because he was in charge of health in that state.

As to the other men who conducted the survey, allow me to read their conclusions. I would suggest that this complete work should be read by all, but at this time I will merely point out the major conclusions: "The law has had marked educational value"—and remember, this statement is made after getting evidence of 1,110 medical men and social workers, and those in charge of various organizations. "The law has had marked educational value, first through newspaper discussion in the early years of its history, and continuously through the fact that large numbers of men receive a warning as to the dangers of venereal infection at the time when they are most likely to heed it.

(2) "The law has been a real factor in inducing men who expect to marry to make sure that they are fit, even before applying for a medical certificate. This has perhaps been the greatest gain attributable to the measure.

(3) There are also indications that to some extent "the required examination has revealed contagious conditions and has caused postponement of marriage."

And there follows thirteen major conclusions. As far as such findings are concerned, they are findings to substantiate the fact that the law is worth while.

I have another document here where three states were studied—Wisconsin, Michigan and Indiana. In Michigan the law does not require a physician's certificate, but merely has a general provision forbidding the marriage of persons infected with venereal disease.



*By the Chairman:*

Q. And no penalty?—A. Yes, there is a penalty. I have here a compendium of all the laws of the United States concerning marriage, and there are penalties provided—but frequently they are arranged in such a way that they are never collected.

With regard to the state of Michigan, because no medical certificates are required, the law is a dead letter on the statute books. Even the physicians did not seem to know about it—nobody knew about it.

Q. No certificate is required?—A. No, no certificate is required.

Q. It is just a pious wish?—A. Yes, it merely puts it up to the individual's conscience, which does not seem to operate. The same can be said of the state of Indiana, so that if you are going to do anything that is to be of any value at all in Canada, you must demand the production of a certificate.

I have taken the liberty of putting down a couple of my own opinions, for what they are worth—and let me say, they are not worth much. The chief value of a law such as proposed in this Bill would be these—first, drawing the attention of individuals contracting marriage to the dangers of venereal infection. And let me say here that many of them will hear about it for the first time, when they are confronted with the fact that they have to present themselves for examination. The value of such legislation would be tremendous.

The second value would be this: The prevention of a considerable number marrying, who have venereal disease in a communicable form. If you catch 25 per cent, the law is worth while.

I have these criticisms of the proposed Bill—and I would ask you to remember that I am thoroughly in favour of it, and I know it would be accepted in Canada if properly framed—but I do not think the Bill should, at this stage, include women, for the reason already stated by my friend Dr. Bates. The great preponderance of unmarried individuals with venereal disease applies to men—not women. The man is the one we have to attend to, more particularly; you are attacking more than 50 per cent of the problem by including the men and excluding the women.

Another point I would like to make is this: The legislators in Wisconsin made the great mistake of introducing the Bill without consulting the medical profession; the medical profession were resistant with regard to certain phases of it, because at the start it demanded laboratory tests, and what not, which were obviously impossible. If in Canada this Bill were postponed, and this Committee were to ask the Canadian Medical Association, and the Associations of medical men in the various provinces of Canada to give this matter their serious consideration, even although you might intend to pass the Bill later on, you would help to make the legislation more operative. In so far as the medical profession is with you on this matter, the Bill will be effective; in so far as the profession are resistant the Bill will be weakened. The physicians in Wisconsin who for ten years were worried about the legislation now say, "We believe the bill is good, but at first we were all against it. We have had the opportunity in our offices to discuss venereal disease with the parties contracting marriage, and inform them of the dangers of venereal infection, and we believe we have done a tremendous amount of preventive work."

If at this stage of the proceedings you get the opinion of the organized medical profession in Canada, to my mind that would be the most important thing that could be done to make the proposed Bill effective.

There are at least four criticisms you are going to meet in connection with this Bill. You will meet it from certain members of the Medical profession, and certain other people. One has to be fore-armed to meet these criticisms, because they are sticklers. I have put them down in this way: (1) It is impossible by medical examination to be absolutely sure whether or not an individual

is free from venereal disease. The medical profession admits this point. At the big convention that Dr. Desloges and Dr. Bates attended in Washington—probably the best one ever held—the experts all admitted the impossibility of a positive diagnosis in every case. One has to be able to meet that criticism and say, “We know we cannot be sure, but we know this legislation is in the right direction.”

*By Hon. Mr. Daniel:*

Q. That is where I thought the physician would have protection?—A. Yes, he must have protection somewhere. The second criticism is that there are cases of venereal disease wherein the condition is not communicable. There are not many such cases but Dr. Bates will tell you they occur. In those cases critics say, “Why debar them from marriage? They have venereal disease, but it is not communicable.” The third criticism is that false security may be given when an individual contracting marriage presents a medical certificate recommending the issuance of a license. The fourth is that authorities in England, France and Germany do not favour such legislation as is proposed in Canada. In that connection Havelock Ellis leads the British group.

Q. Medical authorities?—A. Yes. They recently called a conference in Germany, that is referred to in this book, of the leading specialists there, and they put themselves on record as being against it. They are against it in France. They are all in favour of medical examination before marriage, but to give that information only to those contracting marriage, and then let them do as they like. That represents the European attitude of mind—freedom of the individual. They say we in science should not go farther. Personally I am not in favour of that attitude, but one has to reckon with minds on the other side of the water.

I am sorry to have taken up so much of your time, but there is one thing—

Q. Quite all right, go ahead.—A. What I have said is in Dr. Gordon Bates’ field, and Dr. Desloges’ field. I have no right to come before a Senate Committee on this topic of venereal disease. But I find it tremendously interesting so far as these diseases affect the mental realm, my line of work. For ten years I have been going across Canada studying the problem of mental abnormality. We have 150,000 individuals in this country suffering from the graver forms of mental and nervous disorders. Comparing that with troubles we know so much about, it is a tremendous scourge. The number of tuberculous patients in Canada is 79,000, and only 10 per cent of them are really very sick people. The others are mild cases, or in the early stages, and can get around and do their work. Take that 79,000 as against 150,000 mental cases who cannot earn their daily bread. With regard to that 150,000, heredity stands at the top of the list as one of the chief causative factors. It does not apply to all of them, of course, but we have a group that includes more than half of those conditions which we call the hereditary group, and of that hereditary group probably 50 per cent to 75 per cent are of an hereditary nature.

*By Hon. Mr. Schaffner:*

Q. Are you talking about syphilis?—A. No, mental cases, because if you are considering a bill to improve the health of this country I cannot very well come here representing a mental hygiene Committee without putting in some plea that you do something to help us combat this menace of mental abnormality—when you are discussing marriage. We are right up against the problem wherein the marriage of undesirable people is a very pertinent feature of our work. I would say that if the Bill could include, as it does in some of the United States of America—but is of no value because there no medical certificate is required—if it could include venereal disease, insanity, epilepsy, mental deficiency and



severe nervous ailments it would help considerably. I would specify the diseases, and not leave it in a blanket form so that the medical man might become confused. He may not know whether to include heart trouble, or what not.

*By the Chairman:*

Q. What is the situation in Wisconsin in this regard?—A. Wisconsin does not demand a certificate of mental health; there is no State in the world that demands it. I am ahead of the picture, so to speak.

Q. What do they do down there?—A. All they ask is in regard to a venereal disease. But in these other States they do say, in many of them, that it is unlawful for an insane person or a feeble-minded person to be married. But it means nothing, because who is going to be held responsible? A clerk who issues a license can say, "Well, how do I know whether a person is insane; I am not trained along that line?" So that it is not operative. It may not be operative there, but I look to Canada to bring about some legislation that is ahead of other countries, and while it is not pertinent to this bill—I admit that—still there would be a gesture in the right direction that would meet no opposition in this country, I am positive as to that. The people are "sold" on the idea that nervous and mental cases should not have the responsibility of rearing children; it only makes their own cases worse, and is instrumental in bringing into the world other individuals of like character.

*By Hon. Mr. Schaffner:*

Q. You said you would recommend some Bill that was a gesture, but you certainly would not say that this Bill was a gesture?—A. No, quite frankly I think anything to weaken it would make it non-operative. I think it would be well to have a Bill that would make a certificate necessary for the man, and put it up to the physician's judgment how far he should go in clinical and laboratory tests. In that way you would get better results than they have had in Wisconsin, providing you have the medical profession behind you. I think I can speak, with Dr. Bates, for the medical profession, that they would be as keen as could be to co-operate with you. The Medical Association meets shortly, and they would promote open discussion about the subject. That, in itself, would have some value in an educational way throughout the country.

*By the Chairman:*

Q. Your idea would be that we should report that the opinions of the medical bodies throughout Canada be secured in connection with this legislation, before anything definite is done?—A. I would certainly say so, Mr. Chairman—I would strongly urge it.

Q. And your reason is that without co-operation with the medical profession it would be extremely difficult to enforce the law, whatever it is, and that the goodwill and co-operation of the medical profession, once secured, would facilitate in a very large measure the operation of such a law?—A. Yes, quite so.

*By Hon. Mr. Schaffner:*

Q. Did I understand you to say that there are only 79,000 people in Canada who are tubercular?—A. Yes.

Q. And 150,000 mentally defective?—A. No, I did not put it "mentally defective"—I said "who are mentally defective, insane and suffering from nervous disorders." We have to divide those groups. We do not like the general public to confuse mentally deficient with insane.

The CHAIRMAN: And you also say that the 150,000 in Canada are unable, on account of that condition, to earn a living?—A. Yes, that is quite true.

*By Hon. Mr. Daniel:*

Q. That is what it means?—A. Yes, that is what it means.

*By Hon. Mr. Bourque:*

Q. There must be a great many cases not reported?—A. In regard to tuberculosis I got my figures from Dr. Wodehouse, who is in charge of that phase of health work, and they know of 7,900 cases; they multiply that figure by 10, to make sure.

Q. They only know of 7,900?—A. When I say they know of that, I mean they know of 7,900 active, open cases. And for every active, open case there are supposed to be nine others not of that type, but still tubercular. That is a generous allowance.

Q. That is an estimate?—A. Yes, but in regard to insanity we have 24,000 at this moment in our public mental hospitals. We know there are more outside of our institutions—and I am speaking of the insane group, only. This country is spending \$9,000,000 annually in the upkeep of that one group. In the mental deficient group we have 60,000. That brings us up to 110,000. And there are tens of thousands suffering from a sort of border-line mental and nervous condition, incapacitated for work, who do not fall into either of these groups. So that 150,000 is a most reasonable estimate.

Hon. Mr. SCHAFFNER: Mr. Chairman, if I am in order I would like to move the very high appreciation of this Committee for what we have heard this morning from Dr. Bates and Dr. Hincks.

The CHAIRMAN: I would like to convey to Dr. Bates and Dr. Hincks the appreciation of this Committee for their very useful and enlightening information.

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## MINUTES OF EVIDENCE

WEDNESDAY, May 16, 1928.

The Standing Committee on Public Health and Inspection of Foods met this day at 10.30 a.m.

The consideration of Bill D, intituled "An Act to make Venereal Disease an Impediment to Marriage," was resumed.

Present: Hon. Mr. Béland (Chairman), Hon. Mr. Daniel, Hon. Mr. Bourque, Hon. Mr. Riley.

Dr. F. N. G. Starr, President of the Canadian Medical Association, Toronto, was called, and testified as follows:

*By the Chairman:*

Q. Dr. Starr, are you connected with any university?—A. Yes, the University of Toronto.

Q. In what capacity?—A. I am Professor of Clinical Surgery.

Q. You have been with that university how long?—A. Since 1891.

Q. We do not want to interfere with your well known humility, but you will permit me to say that you are considered an outstanding surgeon not only in Toronto, but in the whole Dominion of Canada. We shall not exact an answer from you in this connection.

Have you had an opportunity to glance over the Bill that has been introduced in the Senate, an Act to make venereal disease an impediment to marriage?—A. Yes.

Q. I will ask you a few questions, doctor, and then the members of the Committee will follow. Do you think that legislation is desirable in Canada to make venereal disease an impediment to marriage?—A. Certainly venereal disease should be an impediment to marriage, but whether it is wise to make laws at present, I am not so certain. May I amplify that?

Q. Yes, doctor?—A. In the early days of the war, before I had an opportunity to go over, I suggested to the then Superintendent of the General Hospital, the late Dr. Clark, that when our boys came back and the public awakened to the fact that there was a good deal of venereal disease, they would be blamed for it; and as I thought they had enough on their shoulders at the time, we began an investigation of the hospital population so far as syphilis was concerned. We had blood tests made of every patient that came in to the public wards and about 12½ per cent of the hospital population then showed a positive blood test.

Q. Regardless of whether they were soldiers or not?—A. Yes. That was before any returned men came back. That kept up until a few years ago, then it gradually began to decline, and just about 8 per cent show a positive blood test at the present time.

Q. How extensive was that investigation? Was it confined to a city or a province?—A. It was confined to the General Hospital, which receives patients from pretty well all over the province.

Q. That is the Toronto General Hospital?—A. The Toronto General Hospital. So evidently the educational propaganda that has been carried on for a number of years has had a wonderful effect.

Q. That is what you hold accountable for the decline?—A. I think so.

Q. The work of education, and the clinics?—A. Yes.

*By Hon. Mr. Daniel:*

Q. You made no distinction as between urban and rural patients?—A. No, but it was pretty much the same.

Q. The same among the rural patients?—A. The rural people that came into the hospital.

*By the Chairman:*

Q. Are you of opinion, doctor, that women as well as men should be obliged to secure medical certificates before marriage, if we decide that the men should have them?—A. I think it would be better not to do so.

*By Hon. Mr. Daniel:*

Q. On what grounds?—A. Well, if I had a daughter of marriageable age, I would dislike very much to have her go and have a complete examination whereby one could definitely state.

Q. It is on grounds of that kind?—A. On grounds of modesty. It would be necessary to take a swab from the cervix if such a law were carried.

*By the Chairman:*

Q. Now, Dr. Starr, to make the Bill reasonably effective, would it be necessary to require a Wasserman test in the case of every individual seeking a marriage license?—A. Absolutely.

Q. Is that test absolutely sure?—A. Occasionally, I think, it is not effective, but they tell me in the laboratory that about 96 per cent of the tests are reliable.

*By Hon. Mr. Daniel:*

Q. In that case, so far as the blood test is concerned, you would have no objection to the woman getting it?—A. Not at all. You would be surprised how many of the students at the University, the lady students in particular, come and want a blood test taken. Not long since I had a girl representing a group of twelve come to my office and ask how it could be done, and I sent her to the laboratory along with eleven other girls just to make sure that they were all right, for their own satisfaction. There is an interesting thing in connection with the care of students in the University. During the past winter, out of approximately 5,000 students, of which 3,000 are male students, there have been only 5 cases of gonorrhœa. Those students are examined when they come to college, and again at Christmas, and again in the spring, and the man who has charge of that only last Sunday gave me this information.

*By the Chairman:*

Q. You are referring to the University?—A. The University of Toronto.

*By Hon. Mr. Daniel:*

Q. Do you examine all the students?—A. Yes.

Q. How long has that been in vogue?—A. Since the war.

Q. Have you found only three?—A. Five.

Q. In what length of time?—A. Beginning when the students came in the end of September, and up to Easter.



Q. That is for one year?—A. Yes. It is the smallest number that has ever been since the thing was started.

*By the Chairman:*

Q. Do you think it would be advisable to make such a Bill more comprehensive? I mean so that it would include such other conditions as mental deficiency, insanity, epilepsy, and so on?—A. I would think so.

Q. In the exercise of your professional duties have you been able to satisfy yourself as to the consequences of a marriage being contracted between two parties that are infected with syphilis, or between parties of whom one is infected with syphilis?—A. Yes. I have seen some very terrible tragedies.

*By Hon. Mr. Daniel:*

Q. Would you describe the results that you have noticed?—A. This happened a good many years ago—I should think thirty years ago. A postman came to my office one day—this is the whole story—with what looked like a chancre on his lip. He was a very decent sort of chap. Within a week another postman out of the same branch office arrived with a chancre on his lip. I took the trouble to go to the branch post office, and there I found a man with secondaries in his mouth, and upon inquiry I found that the strings which they have around their packages were thrown into a common box when they return, and that when they are doing up bundles they take one end of the string in their mouth and rap it around the bundle. This one man infected the two others, apparently, in this way. The wife of the man with the mucous patches never had any sign of syphilis; but they had a baby shortly after that and it was just a mass of syphilis when it was born—sore bottom, and sores all over it—and it died a few days afterwards. That is one of the early tragedies that I recall.

In other walks of life one sees it every little while—something that is not suspected at all of being venereal; and when you make inquiry, it has to be done very carefully, and you will find that the husband some years before had had syphilis and had carried it. I remember being “fired” from a patient a good many years ago. I was sent for in hot haste because a man was choking to death. When I looked in his throat I saw the whole roof of his mouth was gone, and the upper part of his larynx was eaten away. He had had syphilis fifteen years previously. Apparently his wife had not contracted it, and he had had two healthy daughters, 11 and 13. But he was dying from the effects of it. I have never been able to trace those daughters. He asked me as best he could talk, to explain to his wife what the situation was. Of course there was no blood test at that time. He had been examined and pronounced cured before the marriage. I explained it as nicely as I could to her, and she promptly ordered me out of the house: she was sure her husband didn’t have it.

Q. You are not familiar with any statistics with regard to this matter?—A. No, I am not.

Q. One of the witnesses we had here, Dr. Hincks, I think it was, made some statements with regard to the necessity of interesting the medical profession in any Bill of this kind before it passed into law. He thought that the success of any Bill of this kind would depend upon the view that the medical profession throughout Canada took of it, as to whether they were unfavourable to it, and as to the best mode in their opinion of carrying it into effect. You are President of the Canadian Medical Association?—A. Yes.

Q. What would you consider to be the best method by which the opinions of the medical profession throughout the country could be obtained on this matter?—A. In groups of various medical men all over the Dominion something of this kind has often been discussed—not as a formal discussion at a medical meeting, but groups, together—and the opinion has very often been

expressed that there should be some means of preventing people who are infected coming together. The difficulty has always been to realize a suitable method and a proper way to do it, because, if the certificate is to be of any use, it would mean a blood test and bacteriological examinations, and a perfunctory examination would be very damaging to all parties.

I think, unless the profession at large should express a very great desire for something of this kind, you would find that when someone came in to the doctors who did not approve of it, the latter would just write out the certificate. That is no reflection on the doctors at large.

Q. What would you consider to be the best method of obtaining the opinions of the medical profession?—A. I think it would be well to have it brought up at the various provincial associations.

Q. Could it not be done best through the Canadian Medical Association?—A. We would be very glad to bring it up. I would be very glad to bring it up at the Conference in June, in Prince Edward Island.

Q. And from there it might be sent to the various provincial organizations?—A. Quite.

Q. And through them to the various subordinate councils?—A. Quite.

Q. And they have some city associations and some county associations?—A. Yes.

Q. By that means you would get at the whole length and breadth of the profession?—A. Quite. If you desire that, Mr. Chairman, I should be very glad to place it before the Council of the Canadian Medical Association in June.

*By the Chairman:*

Q. I understand, doctor, that the members of the Committee want to discuss this question a little later and make a report to the Senate. Then if it is adopted by the Senate, the Secretary could communicate with you?—A. Quite.

Q. Doctor, how long have you been in practice?—A. I graduated in 1889.

Q. You have practised extensively, outside the city of Toronto as well as in the city?—A. You mean going out on consultations?

Q. Yes?—A. Oh, yes.

Q. I am going to ask you, doctor, a question regarding the mentality of the people in the province with which you are perhaps best acquainted. What do you think would be the effect of such legislation on public opinion in Ontario?—A. Well, with the educational propaganda that has been going on, I think the public would receive it rather well.

Q. But as applicable only to men?—A. As applicable to men. I think there would be a great deal of resentment if people felt that their daughters would have to be examined. At the same time, it is a terrible thing to have a nice girl married and get pus tubes in the course of the next six or eight weeks, and it is so hard to know. Take gonorrhoea, for instance. I remember a young chap some years ago who was employed in Ottawa at the time and who some years previously had had an attack of gonorrhoea from which apparently he had recovered. He was very thoroughly examined here. He was not satisfied with the ordinary examination prior to his marriage, and the doctor who examined him made an irritating injection into the urethra to create a discharge, and then made repeated bacteriological examinations of that, and there was no sign of anything. He was married about three months later; and six weeks afterwards I saw his wife with an acute salpingitis. I mean, we had taken every precaution.



*By Hon. Mr. Daniel:*

Q. What did he have? Gonorrhea?—A. Yes, he had had gonorrhea. She got better of it and had babies later.

Q. You think, then, that gonorrhea is never cured?—A. There is a good deal of truth in that.

*By the Chairman:*

Q. In the present condition of public opinion, in Ontario especially, you do not think, Doctor, that before passing such a measure some educational work is required?—A. Not so far as the men are concerned. I think the men, especially those who were sure they were clear, would be very glad to undergo any examination.

Q. Do you think the enforcement of such a law would be difficult?—A. I think it would be difficult—very difficult. In the first place, the doctor to whom they applied for a certificate would require the services of an expert to do the blood examination, and then after he got his swabs he would be compelled to call in the bacteriologist to examine that, and that would cost the doctor about \$7.

Q. Yes, I see.—A. To say nothing of his own services.

*By Hon. Mr. Daniel:*

Q. To get a blood test, of course, requires a good laboratory equipment, does it not?—A. Yes, exactly.

Q. You are speaking of Ontario. We will take Ontario. How many laboratories are there in the province of Ontario that are capable of conducting such a blood test?—A. Well, in the large cities—

Q. In all cities?—A. There are laboratories connected with all of the big hospitals.

Q. Yes?—A. And then there are several Provincial ones. I think in seven of the larger towns throughout the province the Provincial Government maintains a laboratory in connection with the Provincial Board of Health.

Q. You would not know how many there are altogether?—A. I could not tell you how many exactly.

Q. Of course people are getting married all over the province. They are in scattered communities as well as in the cities. If a compulsory law of this kind were passed, how would the rural bride and groom get the proper examination made?—A. The only way would be for the local doctor, wherever they happened to be, to take the blood—take the swabs and send them to one of the well known laboratories. And it might in some instances create a willingness on the part of the proposed bride and groom to do away with the marriage ceremony altogether.

Q. Yes; of course that is another aspect of it. There are laws of this kind in some states of the Union.—A. Yes.

Q. Do you know at all how they work?—A. Only by hearsay. I believe they have a law something like this in Wisconsin and another in Indiana, and they are observed more in the breach—the certificates have become purely perfunctory things.

Q. Just so.—A. And of course that is one of the dangers if one has not public opinion behind it.

The CHAIRMAN: I think there is only one state of the Union where they have the compulsory examination of both men and women before marriage.

Hon. Mr. DANIEL: Yes.

The CHAIRMAN: Is it New Mexico?

Hon. Mr. DANIEL: New Mexico.

The CHAIRMAN: In Wisconsin there is a law—I shall be corrected if I do not state this aright—which provides that a certificate is necessary, but such certificate can be given by a physician without resorting to the Wasserman test or to any other bacteriological examination. It may consist only of the production of his own opinion—the statement that in his opinion the party seeking a license to marry is free from venereal disease. We have heard rather favourable reports on the working of this particular law. Though of course it does not stop all cases, it stops quite a few. As you, Doctor, remarked a moment ago, the man who knows that he is syphilitic and knows also that he has to go to a physician to secure a certificate to the effect that he is free from syphilis, may be hindered from doing so because he fears that he will be discovered, and then it will be worse to have to convey to the would-be bride that he cannot marry, on account of his visit to the doctor. He may hesitate before he decides to marry at all. We have heard that this law has accomplished a good deal in the prevention of marriage. Outside of that, there are a number of states which, we heard the other day, have laws more or less drastic in this regard, the most drastic being that of New Mexico.

*By Hon. Mr. Daniel:*

Q. The testimony we had the other day was somewhat to this effect, that while some of the states in the American Union have a law, it so far applies only to the male.—A. Yes.

Q. And the female is not examined at all. The gentleman who was giving this testimony thought that, while it did not cause a perfect result, it was as an educational measure a good thing to have a law requiring only the male to be examined. Now, what would be your opinion with regard to such a law as that?—A. I think that might be a very good law.

Q. Do you think it would be more likely to take, say, in your province than a law including both sexes?—A. I think so. I think there would be a great upheaval of public opinion against the female being included.

Q. Yes, of course we understand the objections that everybody would have to what might be called the forcible examination of the young girl who is going to be married.—A. Quite.

Q. You think that the compulsion might be applied only to the male?—A. Yes.

Q. And that, while not being a perfect law, it would be the commencement of what might terminate in a more nearly perfect law and become at least a law of great educational advantage?—A. I think so.

Q. As well as material advantage in preventing some syphilitics, at all events, from getting married?—A. I think so.

Q. Do you think that such a law would be a preferable one to this?—A. I think so. I think it very wise to include the epilepsy in this.

Q. How about those who are called mental deficient?—A. Oh, if there were some way of—

Q. Drawing the line?—A. Drawing the line.

Q. Yes, that is it; and there is no such way.—A. No. There are so many of the epileptics that do become mentally defective later on.

Q. But with regard to epileptics there would be, of course, the evidence of the epileptic convulsions, would there not?—A. Yes. I have come across two or three instances where the family have taken means to prevent the convulsions. That is, they have had their son under treatment to prevent that during the progress of courtship.

Q. Yes?—A. And the bride would never know that he had ever had a convulsion until some time after marriage. And of course it was a great shock. Then so often that sort of thing is hereditary.



Q. What is your opinion with regard to this present law, as to the advisability of carrying it on or not?—A. I think it would be wise to go slowly.

Q. You would not advocate the passing of this law as it is written here?—A. No.

Q. At the present time.

*By the Chairman:*

Q. What would be your opinion about starting with a certificate the nature of which would be about as follows? If you will kindly follow Schedule A. Certificate of Medical Practitioner in the Bill, I shall read.

"I, (names in full of medical practitioner), of (place of residence) in the county of..... in the (province of or as the case may be).....in the Dominion of Canada, hereby certify.....

(1) That I am duly qualified under the law of the said province to practise medicine therein and I reside and practise at..... aforesaid;"

I have not changed anything in that part.

"(2) That I have within ten days before the date of this certificate examined the mental and physical condition of (names in full of person examined), of (place of residence of person examined), in the said province, (occupation of person examined);

"(3) That as the result of such examination I am of opinion that, at the date of this certificate, the said John Smith was in my opinion, free from venereal disease and is not otherwise mentally or physically unfit to be married."

This is somewhat, if not entirely, on the lines of the Wisconsin law. It means only a clinical examination—a body examination, as it were.—A. Well, now, may I ask a question? Suppose that either bride or groom soon after marriage contracts the disease, one from the other. What is the position of the medical examiner?

Q. That is a very good point that you are raising, Doctor.

Hon. Mr. DANIEL: He must be protected.

The CHAIRMAN: Yes, he must be protected.

Dr. STARR: Yes, he must be protected.

*By the Chairman:*

Q. And he would be protected by the statute. When he has said that in his opinion the man is free from venereal disease, whatever happens afterwards cannot be used against him.—A. Personally I would hesitate to sign such a certificate unless I were very intimately acquainted with both parties, or with either party examined.

Hon. Mr. RILEY: Would that apply to women too?

The CHAIRMAN: No.

Hon. Mr. RILEY: Just the men?

The CHAIRMAN: Just the men. I think that whatever we do we must leave the young lady out.

Dr. STARR: I think so.

Hon. Mr. RILEY: Oh, yes.

The CHAIRMAN: For the time being.

Hon. Mr. RILEY: It would not be acceptable at all to include the women.

The CHAIRMAN: On the very grounds of modesty, I think it would be impossible to enforce, or begin to enforce, any such law in Canada. I know you could not do it in the Province of Quebec without a revolution.

Dr. STARR: No, I would think not.

The CHAIRMAN: And I think it is the same elsewhere.

*By the Chairman:*

Q. Dr. Desloges, of the Quebec Provincial Bureau of Health, Montreal, who was unable to be here, sent to the Secretary of the Committee a copy of an address which he delivered in Montreal at the Conference of Social workers of Canada, at McGill University, three or four weeks ago. He gives some very illuminating considerations on the subject. In a letter which he addressed to Senator Girroir, the promoter of this Bill, Dr. Desloges makes the suggestion that the words in the fourth line of clause 3, "because of venereal disease," be struck out, so that the clause would read:

"Shall be prima facie proof that a person has not venereal disease and is not otherwise mentally or physically unfit to be married."

He claims that if these words are stricken out the door is left open for an explanation for the man should be refused a certificate.—A. Quite.

Q. That it is not on account of venereal disease. It may be on account of mental or physical incapacity. Do you think that these words should be stricken out? As it is, it confines the whole impediment to venereal disease.—A. Of course there are other things that would make it wiser for them not to marry.

The CHAIRMAN: I do not happen to find Dr. Desloges' letter in this connection.

*By Hon. Mr. Daniel:*

Q. That would include epilepsy?—A. Yes, quite.

Q. There is one thing about protecting the doctor. Of course doctors are like everybody else: there are white sheep and black sheep in the profession, and in protecting the doctor in giving his opinion as a bona fide opinion, we might be protecting someone whose opinion was really not a bona fide one and was given just casually, so to speak, perhaps for the fee that was obtained by it. Is there any method in your mind of distinguishing?—A. No. That is pretty difficult. We suffered from that in Ontario during the prohibition regime.

Q. Of course such a case I presume, would be rare.—A. I think so.

Q. Very rare. The medical profession, as a rule, I presume, would give bona fide professional opinion with regard to a matter like this. Now, in the Wisconsin law they set the amount of fee that the doctor can charge. It is \$2.50, I think. Is it not?

The CHAIRMAN: Yes; I think in most of the States it is \$2.50, and there is provision for the indigent paying nothing.

Hon. Mr. DANIEL: Yes. That of course is paid by the State; although I do not see how a person who feels able to get married is unable to pay the doctor's fee for the examination.

Dr. STARR: Perhaps they are going on the principle that it is cheaper for two to live than for one.

Hon. Mr. DANIEL: But there is the provision that the Chairman speaks of, that in the case of an indigent person there would be no fee paid. That refers, I know, to the blood examination. Whether it refers to the other I am not so clear. Do you remember, Mr. Chairman?

The CHAIRMAN: I do not remember.



*By Hon. Mr. Daniel:*

Q. What would be your opinion with regard to anything of that kind?  
—A. I think that would be reasonable. I think there should be some provision for a fee in it.

Q. In the law?—A. In the law.

Q. You think it would be wise, in case there is a law, that there should be a statement as to the fee to be charged?—A. Quite.

Q. What would be your idea of the amount of the fee?—A. That would depend on how complete the examination had to be. If it included the blood examination—

Q. Leaving out the blood examination?—A. Leave out the blood examination, I should think \$2.50 or \$3.00 would be a reasonable fee.

Q. What is the charge for the blood examination?—A. I pay \$5.00.

Q. They give it to you for that?—A. Yes.

Q. Then with regard to persons who would not feel like paying these fees, you would consider that the province should take the burden on itself?—A. I should think so. I think we do enough for nothing. The chap who is pretty certain of himself—the decent chap—I am quite sure, would want to have a blood examination and any other examination.

Q. He would rather have it?—A. He would rather have it himself. The scallawag who wants to hide anything would be quite willing to pay his fee and hide something from the doctor, which, of course, is pretty easily done, unless he happens to be in the acute stage. So that I think that a certificate without a complete examination would be a protection to the bad egg, and no protection to anybody else.

Q. Would you kindly repeat that answer?—A. I say the examination such as suggested, like the Wisconsin law, would be of no value so far as the bad egg is concerned; he would conceal something, and could conceal something very easily unless he happened to be in the acute stage.

Q. Any case of secondary, for instance?—A. Yes.

Q. Of course that is the weakness of a certificate that is really not a complete certificate; we have to recognize that, and to make the examination anything less than is portrayed here is to give, and knowingly give, an incomplete certificate?—A. Yes.

Q. I think that the most that can be said for it under the conditions that you have spoken of, confining it only to the male, and things of that kind, would make it really more of an educational value; it would be of some real value, but it would not have the complete real value which this present Bill would portray?—A. Quite.

HON. MR. DANIEL: It would be more educating up for another law at a future date; that is what I would think.

*By the Chairman:*

Q. Of course, in the rural parts, where there would be one, two, or three practicing physicians in a town, they would be pretty well acquainted with the conditions that prevail generally in their community?—A. Yes, pretty well.

Q. Of course that does not apply to the large cities?—A. No, but in a lot of places they are not so accustomed to seeing it as one is in the larger places, and especially out in the rural parts they very often miss it for a time. I remember going out to operate one night, and one of the doctors said, "I have sent for a patient to be brought up in a motor; I want you to see him before you leave." This chap had a very sore ankle, and when I examined him I went outside and I said to the doctor, "How long is it since that man had gonorrhœa?" He said, "Oh, don't suggest that." I said, "Why?" He said, "Well, he is a very highly respected citizen here; he is superintendent of the Sunday School

where my children go, and I would not dream of suggesting that." Well, I went back in the room and looked at him again, and I said, "When did you have clap?" He said, "Oh, for God's sake, doctor, don't tell anybody here. I had it three weeks ago."

Q. Of course it is not expected so much in the rural parts, as you say, on account of the great confidence that the doctor has in one particular family?—A. But he had gonorrhœa.

Q. You would think, doctor, that a law such as they have in Wisconsin, though it may not be a complete protection, would be of value as far as the education of the public is concerned?—A. I have no doubt it would be of educational value.

*By Hon. Mr. Daniel:*

Q. Have you noticed that there is any dread among the people who may be required to have a blood test, as to the proceedings in order to obtain the quantity of blood that is required?—A. No; very rarely.

Q. They do not shrink from the pain of the puncture?—A. It is practically painless. I mean, so much intervenous medication is given now for all sorts of things that people are getting very used to it.

Q. That is like the eels getting used to being skinned?—A. Yes. If the doctor has a very sharp needle, which he should always have, for the purpose, it is practically painless.

Q. It is not so much the actual thing that hurts, as the apprehension?—A. Yes, that is more; sometimes it is the apprehension.

Q. You think there is not much apprehension in regard to that?—A. No; very little.

Q. Of course under those circumstances where a young man would have to be examined not because he has or thinks he has disease, but for the purpose of finding out, would not that make a difference? If a man is diseased he naturally wants to get cured, and he is prepared to undergo any inconveniences and perhaps a little pain in order to be cured; but a man who has not anything of that kind, and finds this law is coming on him without his consent, and perfectly uselessly as far as he knows, because in his mind he has never had venereal or any disease like that, it might cause some greater apprehension in that case?—A. I do not think it would cause him as much apprehension as the chap who was sure he had had it and did not want it known.

Q. Ah, yes, but the man who had had it wants to get cured of it, you see?—A. Yes, but he does not mind passing it on.

Q. Not always, but a well-meaning man would?—A. Yes, that is different; I am speaking more of the roust-about, the scalawag.

Q. I am speaking of the general public; a young man is going to be married. He believes himself to be perfectly healthy and he finds out that he has to go and have his blood examined and he has to have a strap put around his arm and the veins swelled up, and somebody is going to bring a hollow needle and stick it in his veins and draw off a teaspoonful of blood; you think that the apprehension in that case would not amount to anything?—A. I do not think so. As a matter of fact I have had a good many young people come to me and ask to be thoroughly examined before they contracted marriage, although they had not the least suspicion—they knew they were not guilty in any way of contracting, but they wanted to be absolutely sure that they had not picked it up.

Q. Can you tell me if any life insurance company insists on a blood examination?—A. I do not think so; at least I do not know of it.

Q. Not as far as you know?—A. No.



Q. I do not know of any myself, but I did not know but what there were?  
—A. I think they depend upon the applicant's word.

Q. And charge a premium accordingly?—A. Quite.

Q. Then you think that you could get this subject brought before the medical profession?—A. Oh, easily.

Q. It would not be necessary to issue you copies of the Bill all over the country; the idea is known, but we would like—I certainly would—to have resolutions passed by those various associations giving their opinion as to whether such a Bill ought to be passed, and if so, as to the proper contents of such a Bill, and the best means of attaining the object; as you say, almost everybody believes, if it is possible to prevent syphilitics from marrying, they should be prevented; and of course the trouble is to find the best means of reaching that end; while we here might have one idea, the medical profession all over might have another, and we would like to get their views, and would be obliged if you, as the president of the Canadian Medical Association, would undertake to see that this subject is brought before the profession generally, and so tell us what we had better do in order to have it so broached?—A. Well, if, after you have discussed this thoroughly, you would communicate with me some time before the 12th of June, I can bring it before the Council of the Canadian Medical Association at Charlottetown.

Q. You see, doctor, that when Parliament prorogues our Committees all disappear, they are non-existent, and anything that we could do at this end has to be done before Parliament prorogues, which may be this coming Saturday week, though we cannot tell; but anything we do must be done pretty suddenly?—A. Well, if it is not done this session we could see that it is done another.

Q. But we have to report back this Bill.

*By the Chairman:*

Q. What would you think, doctor, of sending you the minutes of proceedings of this Committee, a sufficient number of copies for you to transmit to the different provincial organizations? Would it be too long a document? We have heard Dr. Bates and Dr. Hincks and yourself?—A. I should not think so.

Q. I think it would be a matter of about an hour to read it all through; or would you rather think that in the report made to the Senate by this Committee we should summarize?—A. I think perhaps it would be better to summarize. Committees, as you know, sometimes get tired, and if you would send a summary and let me have about thirty copies, I think that would be best.

Q. You are of opinion that without the full co-operation of the medical profession throughout the country a statute, whatever it is, in this connection, would be a dead letter?—A. I am afraid it would be.

Q. I think it has also been the experience in Wisconsin that in the first place they had not taken the trouble to secure the co-operation of the medical profession, and it was only a few years after that the profession came around, and then they made a survey, as it were, of the medical men of the State, and secured from them an opinion, and a very large proportion answered that the law was working very satisfactorily; this is the law which is not so stringent, that requires only a medical examination?—A. Yes, sir, that is right.

Hon. Mr. DANIEL: And only among the males?

The CHAIRMAN: Only among the males, yes.

*By Hon. Mr. Daniel:*

Q. Doctor, you are quite in keeping with the idea of the Bill?—A. Yes, the principle is good.

Q. Of making the presence of venereal disease an impediment to marriage, if it is possible?—A. Yes.

Q. And there is no doubt in your mind that the profession generally would be of the same opinion?—A. I rather think so.

Q. So that you think the idea of this legislation is a good one?—A. Yes.

Q. And might well be followed up, to the physical advantage of the community?—A. Yes.

The CHAIRMAN: Well, Doctor Starr, in the name of the Committee I beg to express to you our very high appreciation of your illuminating evidence.









